

**WEST VIRGINIA  
DEPARTMENT OF TAX AND REVENUE  
INTERNAL AUDITING DIVISION  
PO BOX 2666  
CHARLESTON WV 25330**

**APPLICATION FOR REFUND OF SPARKLERS AND NOVELTIES REGISTRATION FEE  
(WEST VIRGINIA CODE 11-12)**

West Virginia Identification Number.....

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Business Name.....

Address.....


1. Period for which Refund is requested:.....

Note: The Sparklers and Novelties Registration Period  
covers fiscal year: July 1 - June 30

MM					YEAR				

2. Refund requested.....

\$									

3. Reason for requesting refund: \_\_\_\_\_


**PLEASE RETURN THE ORIGINAL CERTIFICATE TO SELL  
SPARKLERS AND NOVELTIES WITH YOUR REFUND REQUEST**

**CAUTION: Read this application before signing.  
Presenting a fraudulent claim constitutes a felony.**  
**I certify all information herein to be true and accurate to the  
best of my knowledge.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

Seal of Officer

Taking Affidavit

\_\_\_\_\_  
Notary Public

County of \_\_\_\_\_ State of \_\_\_\_\_

**TAX DEPARTMENT USE ONLY**

Refund Class \_\_\_\_\_

Transaction Number \_\_\_\_\_

License Year \_\_\_\_\_

Amount of refund \$ \_\_\_\_\_

Approved by \_\_\_\_\_

Date Approved \_\_\_\_\_

Serial Number \_\_\_\_\_

